

|  |  |  |   |                            |   |                  |
|--|--|--|---|----------------------------|---|------------------|
| 22222  |  | a Employee's social security number<br>866-96-4215 |   | OMB No. 1545-0008          |   |                  |
| b Employer identification number (EIN)<br>47-0988661   |  |  | 1 Wages, tips, other compensation<br>26832.00 |                            | 2 Federal income tax withheld<br>1148.15  |                  |
| c Employer's name, address, and ZIP code<br>AVK CORP LLC<br>861 RIVER SONG PL<br>Cary NC 27519 |  |  | 3 Social security wages<br>26832.00           |                            | 4 Social security tax withheld<br>1663.58 |                  |
|  |  |  | 5 Medicare wages and tips<br>26832.00         |                            | 6 Medicare tax withheld<br>389.06         |                  |
| d Control number   |  |  | 7 Social security tips                        |                            | 8 Allocated tips                          |                  |
|  |  |  | 9 Verification code                           |                            | 10 Dependent care benefits                |                  |
| e Employee's first name and initial<br>Sri Lakshmi   |  | Last name<br>Chiguru                               | Suff.   | 11 Nonqualified plans      |   | 12a<br>Copy      |
| f Employee's address and ZIP code<br>729 silver stream ln<br>Cary NC 27519                     |  | 13 Statutory employee                              | Retirement plan                               | Third-party sick pay       | 12b<br>Copy                               |                  |
|  |  | 14 Other   |   |                            | 12c<br>Copy                               |                  |
| 15 State Employer's state ID number<br>NC 601056209  |  | 16 State wages, tips, etc.<br>26832.00             | 17 State income tax<br>831.00                 | 18 Local wages, tips, etc. | 19 Local income tax                       | 20 Locality name |

Form **W-2** Wage and Tax Statement  
Copy 1 - For State, City, or Local Tax Department

**2017**

Department of the Treasury - Internal Revenue Service

|  |  |                                     |                                   |                            |                                |                  |
|--|--|-------------------------------------|-----------------------------------|----------------------------|--------------------------------|------------------|
| 22222                                    |  | a Employee's social security number |                                   | OMB No. 1545-0008          |                                |                  |
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| c Employer's name, address, and ZIP code |  |                                     | 3 Social security wages           |                            | 4 Social security tax withheld |                  |
|  |  |                                     | 5 Medicare wages and tips         |                            | 6 Medicare tax withheld        |                  |
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|  |  |                                     | 9 Verification code               |                            | 10 Dependent care benefits     |                  |
| e Employee's first name and initial      |  | Last name                           | Suff.                             | 11 Nonqualified plans      |                                | 12a<br>Copy      |
| f Employee's address and ZIP code        |  | 13 Statutory employee               | Retirement plan                   | Third-party sick pay       | 12b<br>Copy                    |                  |
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